S. No. 2
M—5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 19[illegible]

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17990

State File No.

Registration District No. 122 Primary Registration District No. 5453 Registrar's No. 12

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Green
(b) City or town Brookline - [illegible]
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 12 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Greene 32 0
(c) City or town Brookline 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Mary Rosenberg
3. (b) If veteran, name war ✓
3. (c) Social Security No. none

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Samuel Rosenberg
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Sept. 22 — 1856
(Month) (Day) (Year)

8. AGE: 87 Years | Months 7 | Days 10 | If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name unknown
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant C. S. Rosenberg
(b) Address Brookline, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 43
(Month) (Day) (Year)
(c) Place: burial or cremation Brookline Cem.
18. (a) Signature of funeral director T. W. Maples
(b) Address Clever Mo.
19. (a) 5-8-1943 (Date received local registrar) (b) Florence Britain (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd.
year 1943 hour 11 minute 50 A M.
21. I hereby certify that I attended the deceased from April 18, 1943, to May 2, 1943
that I last saw her alive on May 2, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Fracture of Left Femur (neck)	14 days
Due to Shock	14 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

186
18

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident - Fall
(b) Date of occurrence April 18 - 1943 0 39
(c) Where did injury occur? Brookline Ho - Greene - Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)
While at work? yes (e) Means of injury Fall
23. Signature E. M. LeCompte (M. D. ~~or other~~)
Address Brookline Station Mo Date signed 6/2-43

1241

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 43-6-69
Date Filed 6/9/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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